TRAUMA-INFORMED PEER SUPPORT CURRICULUM TRAINER'S MANUAL
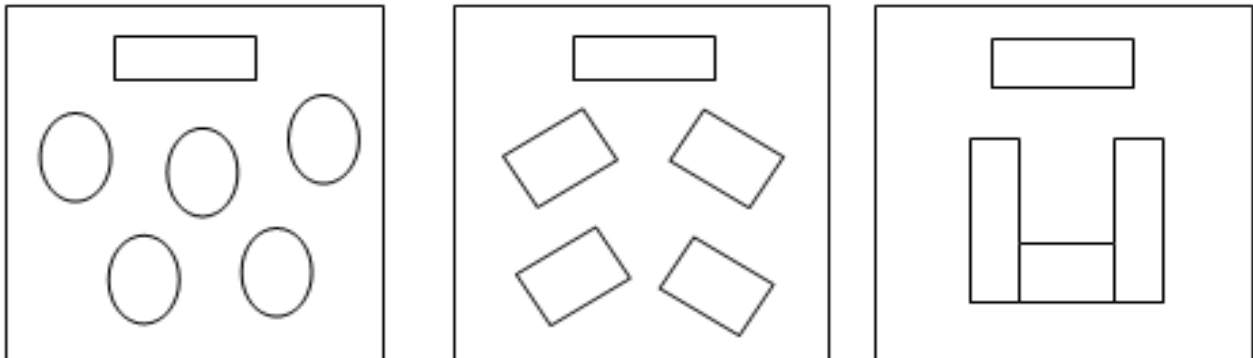
INTRODUCTION FOR TRAINERS

This training provides an introduction to and overview of key concepts in SAMHSA's technical assistance document *Engaging Women in Trauma-Informed Peer Support*: *A Guidebook*. Although the guide was developed to support women, and there is material that focuses on gender-specific issues for women, it's important to note that the basic concepts of this document are applicable to all people who are trauma survivors. **It is vital that you read and familiarize yourself with the entire *Guidebook* before delivering this training**. It can be downloaded at http://www.nasmhpd.org/publications/engagingWomen.aspx

The **intended audience** for this training is people who provide peer support, whether as paid staff or volunteers, in peer-run programs or in mainstream (non–peer-run) programs, as well as people who receive peer support services and/or engage in peer support that is not part of a formal program. It is also useful for anyone who works in settings where peer support is provided or who wishes to gain a better understanding of trauma-informed peer support as framed within the Guide and in this training.

This training is planned for **1 full day of training**; for example: 9 a.m.-4 p.m. with a 1-hour lunch break and one 10- to 15-minute break in the morning and in the afternoon. This is an intensive, highly interactive training that works best with groups of about **25 participants**.

Room set-up: Participants should be seated at tables in one of the configurations shown below; classroom-style seating is not recommended for this training. It's helpful to have blank wall space available for posting flip chart note pages.

PREPARATION FOR TRAINING

Before presenting this training program for the first time, it is essential that you become thoroughly familiar with all of the materials, including this manual, the PowerPoint slides and notes, video clips (if used), and handouts. It is also vital that you have prior experience with and a depth of knowledge about trauma, its prevalence and impact, and trauma-informed practices.

One of the primary messages of training about trauma-related topics is that trauma can affect us in strong and enduring ways. So in addition to having robust training skills, it is important that you have solid knowledge of trauma-related topics and self-awareness about trauma's impact on your own mind, body, and spirit. During training, both trainers and participants may be emotionally affected by the material, so it is helpful to train in teams of two, both to enable the trainers to support each other and to have a trainer available to assist participants if needed. By using techniques such as modeling trauma-informed practices during the training process, it is possible to minimize or mitigate the negative impact of trauma during training.

MODELING TRAUMA-INFORMED PRACTICES IN TRAINING

When training on topics related to trauma, it is crucial to use training approaches that are rooted in our understanding of trauma-informed practices. In "Walking the Walk: Modeling Trauma Informed Practice in the Training Environment,"[1] Leslie Lieberman identifies the following principles and discusses how to demonstrate them in training:

- Creating safety
  o Have participants create a self-care plan to use during the training
  o When discussing traumatic events, give enough information to convey the idea but omit graphic details
- Maximizing opportunities for choice and control
  o Let participants know they are free to choose not to participate in any activity
  o Remind participants that they are free to leave the room if they wish
- Fostering Connections
  o Provide opportunities for participants to interact with one another through discussions in pairs or small groups
- Self-reflection and managing emotions
  o Offer activities that ask participants to reflect on what they have learned in pairs or on their own
  o Build in opportunities to ask the group how an activity made them feel.

Lieberman's full article offers additional suggestions and detail, and it will be helpful to read it before conducting the training program.

The **training environment** needs to reflect the principles of trauma-informed practice and peer support**.** As discussed under "Room Set-up," above**,** it is crucial that participants are at tables with plenty of space between seats, that participants can see each other, and that no one is seated behind anyone else.

Each person needs a name tent; something with an inspirational quote or message can add to the experience. A well-lit colorful sensory environment helps to create comfort. This can be created by colored tablecloths, colored scented markers and paper, and quotes and pictures on the walls and tables. It is also important that participants have access to materials such as pipe cleaners, play dough, crayons, markers, and blank paper to use as they wish during the training as tools to maintain focus, assist to stay present, and to practice self-care. Additionally, each place setting needs to be welcoming. The handout titled "The Invitation" a poem by Oriah Mountain Dreamer is placed at each seat to welcome participants, set the tone for peer support, and add color. This poem offers perspectives reflected in peer support, gives early arrivals something to read and reflect upon, and allows trainers to refer to lines from the poem throughout the training day.

SELF-ASSESSMENT

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1 http://www.multiplyingconnections.org/become-trauma-informed/walking-walk-trauma-informed-training

As a trainer, it is important that you have an understanding of your personal values, your biases, and your own "hot spots" related to potentially traumatizing material. This kind of self-awareness is invaluable in training and facilitating group discussion about sensitive material. To be an effective trainer, it is crucial that you:

- Identify how your own values, biases, and "hot spots" affect your behavior and communication;

- Manage your own biases and emotional responses in the training environment;

- Model respect and inclusion throughout the session; and

- Identify, use, and adapt your interpersonal skills to model trauma-informed practices for participants.

ADULT AS LEARNERS

Adults learn differently than children and teenagers do, and it is important that trainers understand these differences to be effective. The field of adult learning was pioneered by Malcolm Knowles, who identified the following characteristics of adult learners:

- *Adults are autonomous and self-directed*. They need to be free to direct themselves, and trainers must actively involve them in the learning process. Trainers must act as facilitators, guiding participants to their own knowledge rather than simply supplying them with facts.

- *Adults have accumulated a foundation of life experiences and knowledge that may include work-related activities, family responsibilities, and previous education*. Relevance is crucial to adult learning. Adults need to connect learning to their own knowledge and experience base. To help facilitate this process, trainers should draw out participants' experience and knowledge so they can relate theories and concepts to their relevant experience.

- *Adults are goal-oriented*. They appreciate a program that is organized and has clearly defined elements. It is important to demonstrate to participants how the training will help them attain their goals. Clear communication of goals and learning objectives must be done early in the session.

- *Adults are practical.* They focus on the aspects of a lesson that will be most useful to them in their work or life. They may not necessarily be interested in knowledge for its own sake. Trainers must tell participants explicitly how the training will be useful to them.

- *Adults need to be shown respect* (like all learners!). It is important for trainers to acknowledge the wealth of experiences that adult participants bring with them when they participate in training. Adult participants should be treated as equals in experience and knowledge and encouraged to voice their opinions freely.[2]

THINGS TO CONSIDER

- *Establish your credibility in a low-key way.* At the beginning of the session, you can quietly establish your credibility in an understated way (i.e., "We've done this training for 10 other peer-run programs across the country"). But remember, this is not about you; it's about creating a positive learning experience for participants. As a trainer, you nearly always come with a certain amount of credibility, even if your name is unfamiliar to participants, so you don't need to go on about your credentials and accomplishments.

2 Knowles, M. (1984). The Adult Learner: A Neglected Species (3rd Ed.). Houston, TX: Gulf Publishing.

- *Recognize that straight lecture is the least effective form of learning.* People learn best when they are actively engaged. Listening is passive and requires very little engagement on the learner's part, so don't talk more than 10-15 minutes without doing something interactive that stimulates discussion.

- *Use the power of emotions.* People remember what they feel far more than what they simply hear or see. Use the activities in the curriculum to elicit participants' emotions. Modulate your tone of voice to accentuate the experience. Allow participants to feel their way through an exercise and ask them to reflect on how it felt.

- *Use stories to engage people in learning.* People don't always remember statistics, but they often remember stories, because stories engage their emotions. You can connect with the group by *strategically* sharing personal experiences, one of the personal stories available on video as part of the curriculum (if applicable), or stories you have heard from others that clearly relate to the point you want to emphasize.

- *Be passionate about your message.* Your passion will be infectious and will provide the emotional hook to help people remember the content of the training.

- *Engage participants by asking questions.* It is more important to ask good questions than to supply all the answers. After you ask a question, restate what you learned from the responses to ensure that you understood correctly and to reinforce the points.

- *Repeat points. Say things again in a different way. Do it more than once.* Don't assume that just because you said it once, people got the message. Good trainers slip in repetition in a stealthy way to present the idea again from a different angle.

- *Keep you training skills and your subject matter knowledge sharp and up to date.* Good presenters keep abreast of the newest training techniques and tools. You can improve upon your skills by reading on the topic, attending workshops on training techniques, watching and learning from other presenters, and/or seeking coaching from other trainers. It is equally important that you keep your knowledge of trauma-related topics current as well.

- *Have a quick start and a big finish*. The faster you engage participants' interest, the better. Don't bog them down with a long introduction; give them the opportunity to do something active and interesting very early. Don't let the session trail off at the end. Try to end on a high note and leave participants energized and motivated to try out their new knowledge in a concrete way. [3]

PLANNING FOR THE TRAINING EVENT

Although every training event will be different, advance planning with the host organization should clarify the following issues:

- The organization's goals for the training

- The extent of leadership's commitment to trauma-informed practices

- Any previous staff training on trauma-related issues

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3 Adapted from M. Johan

- This training curriculum is planned for one full day. Additional conversations or opportunities to use activities from the Guide may help increase understanding and comfort.   Scheduling training to accommodate all staff will support implementation efforts

- If you will be using online video, make sure the host organization understands that you need internet access in the training room
- Whether the host organization or the trainer will supply and set up:
  - Projector and screen
  - Laptop
  - External speakers (needed if using video)
  - Handouts

LOGISTICS FOR THE DAY OF THE TRAINING

Plan to arrive at an hour before the presentation to ensure that:

- Your laptop is connected to the projector (if you are using your own) or the PowerPoint is loaded and the system is working properly

- If using external speakers for video, that they are working properly

- Handouts are available in a convenient location, the room temperature is comfortable, lighting is adequate, and seating is arranged so people have easy access to exits and are not cramped. Art supplies and comfort materials are at each table.

SUGGESTIONS FOR TRAINERS

Some trainers or participants find it helpful to have a comfort agreement for training. Although not necessary, if used, it is recommended that this be managed with a light touch. Remember, this is training, not a support group. There may be a tendency to over-do the list-making and the group can become overly restrictive, negatively affecting learning and participation. A few simple requests may suffice: avoid sharing painful details of experiences, participate as much as you can, and avoid interrupting others. It is important that the trainers have the skills and experience to navigate challenges if conversations become intense.

It is important that this training be delivered **only** by trainers who are trauma survivors **and** have experience with peer support. It is also important that it be delivered by a pair of trainers, each of whom is acutely aware of the effect of trauma on their own mind, body, and spirit, and knows how to address this. Discussing trauma can bring up big emotions, so with two trainers, the one who isn't speaking can keep an eye on the emotional tone of the room and be available to step outside to support people if requested. There may also be a need for trainers to support one another if a participant is challenged by the information or their own trauma responses. Training on trauma can be draining, and splitting up and alternating the speaking time between two people helps make it more manageable for the trainers and more engaging for participants

Trainers are encouraged to use personal anecdotes or real-life examples of others' experience to illustrate key points in the curriculum to the extent that they are comfortable doing so. To model for participants and to create safety, trainers are asked **not** to relate specific painful details, as this can contribute to others' distress, but to use examples that offer the essence of the situation in a strategic way to reinforce key messages. For example, "My first abuse experience was at age two and I did not have words to describe that experience until I was in my twenties." It gives enough information to understand the experience without the details of those events. The training also includes handouts, exercises, and small group discussions to ensure active participation.

USING THE SECTION-BY-SECTION AND SLIDE-BY-SLIDE GUIDANCE

The sections of the training are as follows:

1. Introduction

2. Peer support basics

3. Trauma and its impact

4. Cultural considerations

5. Trauma-informed practices

6. Trauma-Informed Peer Support

    a. Understanding self-injury

    b. Use of personal narratives

7. Reclaiming power through social action

Specific information for approaching each section is provided. The key themes for the section are highlighted, the purpose of the section is described, and guidelines for the time allotted to the section are offered.

The content of each slide is displayed in bold text (the full PowerPoint is included as an appendix). This is followed by Instructor's Guidance explaining any background information needed by the presenters, followed by Speaking Points the presenter can use to further explicate and illustrate the slide content.

In addition, lists of handouts and descriptions of exercises or video clips associated with the section, or with a particular slide, are provided in text boxes throughout the instructions

A NOTE ABOUT LANGUAGE

In keeping with the values and principles of peer support, this curriculum deliberately does not use clinical language. As this training is by survivors for survivors, it does not use diagnostic terms such as PTSD (post-traumatic stress disorder) or borderline personality disorder, and it doesn't talk about clinical ideas such as "vicarious trauma" or "secondary trauma." The focus is on using everyday language to talk about people's experiences.

We also refrain from talking about "triggering" or "triggers," which can be experienced as violent terms that don't accurately describe what happens when people are emphatically reminded of traumatic events by certain words, sounds, smells, attitudes, behaviors, etc. Instead, we refer to "hot button issues," or "things that push your buttons," "things that bring up big emotions," or similar non-clinical phrases.

TRAINING INTRODUCTION (SLIDES 1-3)

Key themes: Comfort, Transparency, Equality

Section purpose: In this section, the intent is to establish comfort by introducing a warm and welcoming tone, introducing the trainers, and introducing participants to one another. The concept of transparency is briefly discussed as a key theme in trauma-informed practice. Transparency is modeled by setting expectations for the training content and explaining its origin (*Engaging Women in Trauma-Informed Peer Support: A Guidebook*), discussing the process for the day and stating the training goals.

INSTRUCTOR GUIDANCE

Prior to participant arrival place The Invitation, the flyer and a name tent at each place setting.

Time: With arrival, settling in, and content: 20 minutes

Trainers introduce themselves and review the day's agenda.

Participant introductions: Ask anyone who hasn't done so to put their name on a name tent. If scented markers are used, it is quickly discovered that they are scented and something they may use in their self-care strategies during the day. If people do not know each other, introductions may be helpful. However, trainers should model what you want people to say to avoid spending too much time and focus discussing credentials or expertise which may imply some participants are more "recovered" or "expert" than others. One important message of this training is that we are all equals.
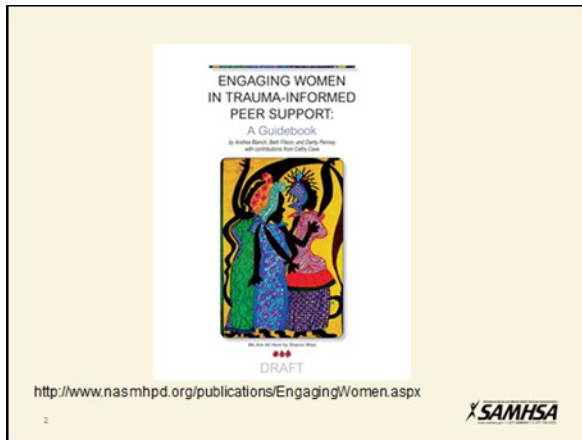
SLIDE 1: COVER SLIDE

SLIDE CONTENT:

Trauma-Informed Peer Support

Cathy Cave, Senior Program Associate, Advocates for Human Potential

Darby Penney, Senior Research Associate, Advocates for Human Potential

National Center for Trauma-Informed Care

SLIDE 2: GUIDEBOOK SLIDE

INSTRUCTOR GUIDANCE

- Refer participants to the flyer and inform them this training is based on materials from the guide and that the full guide is available for free download using the link on the handout.

- The link is http://www.nasmhpd.org/publications/EngagingWomen.aspx

- If not already done, disseminate the HANDOUT with link.

- Although the guide is titled "Engaging **Women** in Trauma-informed Peer Support," and some chapters are specific to women, emphasize that the basic principles in the guide are applicable to all people.

SPEAKING POINTS

- The guide was developed with participation from hundreds of survivors throughout the country.

- Although the guide is titled "Engaging **Women** in Trauma-informed Peer Support," and some chapters are specific to women, the basic principles of trauma-informed approaches and peer support discussed in the guide are applicable to all people.

SLIDE 3: GOALS OF THE TRAINING

SLIDE CONTENT:

- **Define "peer support"**

- **Define "trauma" and its impact**

- **Define "culture" and its influence**

- **Discuss principles of trauma-informed practice and their application in peer support**

- **Explore strategies for applying this knowledge in peer support relationships**

INSTRUCTOR GUIDANCE

- Before providing the overview of the goals, poll participants to get a sense of their roles and the settings in which they provide peer support: To accomplish this quickly ask participants to "Raise your hand if …"

  - you have received peer support.

  - you are a peer supporter.

  - you work as a peer supporter in a peer- run organization.

  - you work as a peer supporter in a traditional mental health or substance abuse service organization.

Then ask," Who did we miss?" Respond to any raised hand.

- Sharing the training goals is an example of modeling transparency. It is important for participants to know what to expect from the training content and from the day itself. This is also an opportunity to share the time frames for the day.

- Defining transparency: (Encarta Dictionary)

  o Transparent- easily seen through; clearly recognizable as what he, she or it really is; completely open and frank. It is helpful to describe this concept to participants as it is a key theme of the training.

- The intention is to provide a brief overview of the goals, rather than delve into detail. We hope they find this day helpful no matter what setting they are in.

SPEAKING POINTS

- Transparency is a key concept in trauma-informed work.

- Trainers will be open, clear and direct in our communication during the training.

- To model transparency, the trainers will provide as much information along the way to help participants know what to expect.

SECTION 1. PEER SUPPORT BASICS (SLIDES 4-15)

SEE *CHAPTERS 3 & 9 OF THE GUIDE*

Key Themes: Peer support values, Peer relationships are different by intention, History of the movement, Mutuality, Reciprocity, Co-optation, Self-awareness, and Self-care.

Section Purpose: In this section, peer support is defined. The focus is to explain its values and principles; discuss co-optation; and talk about the essential components of self-awareness and self-care, both during the training and when practicing peer support. Trainers need to be prepared that some of these concepts will be new to

participants, although most may say they participate in peer support. For example, co-optation is a term many participants will be unfamiliar with, but the concept often resonates with their experiences.

The purpose of this section is to **introduce and elaborate on the definition of peer support** that underlies the training materials and the Guide on which the training is based. There has been a proliferation of "peer specialists" and similar jobs titles in recent years, and many of these job descriptions – as well as the training and supervision that people in these jobs receive – were created by people unfamiliar with the history, values and principles of peer support that evolved out of the modern consumer/survivor/ex-patient (c/s/x) movement beginning in the early 1970s. This has resulted in various, sometimes conflicting understandings of "peer support," many of which are diametrically opposed to the traditions of the c/s/x movement.

A key point of this section is a focus on the **mutuality and reciprocity of peer support relationships**, in contrast to the hierarchical relationships that are typical in traditional programs. Peer support brings a different approach and creates space for different kinds of conversations than clinical interactions do. This ties in to ideas in subsequent sections about healing from trauma requiring a sense of safety and the rebuilding of trust, which flourish in genuine reciprocal relationships.

Another key point in this section is that **peer support is a non-clinical approach** to working with people, just like trauma-informed practices ask the non-clinical question "What happened to you?" rather than the clinical question, "What's wrong with you?"

This curriculum is influenced and informed by the philosophy of Intentional Peer Support (IPS) developed by Shery Mead. While "peer support" has traditionally meant informal, non-professionalized help among people who share similar experiences, IPS focuses particularly on the development of reciprocal relationships in peer support, where one person is not seen as more "recovered" or more expert than another, and there is a recognition that we all have things to share and learn from one another on our path to healing. Too often, particularly in situations where peer support staff are paid to provide services to others, it is not uncommon for people to fall back into hierarchical "helping" relationships. The "Intention" in IPS is to keep focused on true mutuality and the recognition that healing happens in connection and relationship. When peer support is offered within traditional mental health and substance abuse service programs, it is important for the organization to examine policies and practices that either strengthen and support or hinder peer supporters as they work. Developing strategies to sustain the people involved in this work and to ensure their colleagues understand and support their role are essential aspects of creating inclusive, trauma-informed environments.

Time: 25 minutes

SLIDE 4: SECTION TITLE: PEER SUPPORT BASICS

SLIDE CONTENT:

PEER SUPPORT BASICS

INSTRUCTOR GUIDANCE

- Transition topic to peer support basics.

- Because participants may have a variety of experiences with peer support, it is essential to create a shared understanding about what is meant by peer support in this curriculum.

SLIDE 5: WHAT DOES PEER SUPPORT MEAN TO YOU?

INSTRUCTOR GUIDANCE

- Conduct exercise. (See box) with Slide 5 showing. Once responses are obtained, show slide 6 listing the peer support principles.

SLIDE 6: PEER SUPPORT PRINCIPLES

SLIDE CONTENT:

- **Voluntary**

- **Non-judgmental**

- **Respectful**

- **Reciprocal**

- **Empathetic**

INSTRUCTOR GUIDANCE

- Trainers need to be prepared to offer a brief example of each principle from their own experience. There cannot be any assumption that all participants are on the same page. In fact, what is learned in the previous conversation is that there are many views about peer support.

- It is essential to establish these principles as the core peer support values used in this training.

- Review each principle and provide a brief statement or example that illustrates its meaning, Below are some examples but those from the trainer's own experiences are likely to resonate as most genuine.

    o Voluntary: peer support only works when everyone involved freely chooses to be involved – no one should/can be mandated to peer support.

    o Non-judgmental: in peer support, we don't judge how others have responded to their experiences; we are curious about how each of us has come to believe what we believe.

    o Respectful: we hold each person in high regard and treat each other kindly and with dignity.

    o Reciprocal: peer support is about building mutual relationships; each person involved is free to both give and accept support.

    o Empathetic: we try to put ourselves in the other person's place; we listen to each other with open minds and open hearts.

SPEAKING POINTS

- Peer support offers unique relationships and conversations that encourage voluntary non-judgmental opportunities for reflection and growth.

- Here are examples for each principle.

  One purpose of peer support is to change the conversation and transform the experiences many survivors have encountered in hierarchical systems and relationships; to have empowering experiences based on choice and control.

SLIDE 7: PEER SUPPORT DEFINITIONS

SLIDE CONTENT

- **Some organizations define it as a "helping relationship" like the top-down roles of professionals**

- **We define it as a flexible approach to building healing relationships among equals, based on a core set of values and principles.**

SPEAKING POINTS

- People in "peer" jobs sometimes may work in organizations that do not understand the fundamentals of peer support and may see "peer" jobs as paraprofessional, clinically oriented roles.

- The definition of peer support used in these materials comes not just from Intentional Peer Support, but also from the work of pioneers in the early consumer/survivor movement in the 1970s who developed what was then referred to as self-help or mutual support. It grew from the recognition that people who had been disempowered by the mental health system could come together as equals and develop supportive relationships to help reclaim their power.

SLIDE 8: PEER SUPPORT IS NOT

SLIDE CONTENT

- **A "program model"**

- **Focused on diagnoses or deficits**

- **About "helping" in a top-down way**

- **Being a "counselor"**

- **Pressuring people to comply with treatment**

- **Monitoring people's behavior**

SPEAKING POINTS

- Peer support is about developing authentic mutual relationships, not applying a cookie-cutter approach to everyone.

- Peer supporters don't use clinical language or focus on what's "wrong" with people.

- Peer support doesn't offer top-down "helping" that disempowers people

- "Counseling" implies that one person knows more than the other – peer support is about power-sharing

- The heart of peer support involves building trust, and that isn't possible if people feel that peer support staff are acting as proxies for clinicians, case managers, or administrators or are reporting on people's behavior.

SLIDE 9: AVOID HELPING THAT HURTS

SLIDE CONTENT

"Helping" in a top-down way may:

- **reinforce feelings of helplessness**

- **imply that one person is more "recovered" than the other**

- **send the message that survivors are incapable of directing their own lives**

SPEAKING POINTS

- For people in service systems, "help" has often been about things that were done to them, rather than with them, and "help" has often come from people who are authority figures and decide what "help" the person needs.

- If peer support staff act this way, it can make the other person feel "less-than" and get in the way of building trusting, mutual relationships.

SLIDE 10: PEER SUPPORT CAN FOCUS ON

SLIDE CONTENT

- **Educational pursuits**

- **Social activities**

- **Advocacy**

- **Community connection**

SPEAKING POINTS

- Peer support is not just about formal support groups or one-on-one peer support relationships.

- It can take many forms, including coming together to learn something that will help people improve their lives, doing social activities together, advocating on behalf issues that affect people's lives, and/or becoming involved in community activities beyond the mental health system.

SLIDE 11: CO-OPTATION

SLIDE CONTENT

Co-optation occurs when a group tries to assimilate a weaker or smaller group, with the intention of neutralizing a perceived threat from the weaker group

INSTRUCTOR GUIDANCE

- Co-optation is a word that may be new to some participants and it is helpful to ask if people are familiar with the term. It is also important to take the time to explain what it means. Once explained, it tends to resonate with people's experiences.

SPEAKING POINTS

- Co-optation is a word that may be new you, but it's likely you have experienced it or witnessed it. For example, an established organization may start hiring peer support staff without realizing that people who have received services may feel differently about what works and what doesn't than people who have only been service providers. The organization may feel challenged or threatened by these new staff with different ideas and may try to win people over to their viewpoint or may resort to telling the new staff that they can't talk about these new ideas.

- The next slide explains a bit more.

SLIDE 12: CO-OPTATION CONTINUED

SLIDE CONTENT

- **Can happen if we lose connection with peer support values and begin to take on views and beliefs that demean people who use services**

- **If the organization doesn't support peer roles through policy and practice, we can feel alienated or threatened**

SPEAKING POINTS

- Especially when we work in environments where peer support is seen as less valuable than professional roles, or where our experiences and perspectives are different than the majority, it's easy to slip into a co-opted mindset if we don't maintain awareness of this issue.

- Moving away from peer values also can occur if peer supporters:

    - Are the only peer support staff in their location

    - Are isolated from others who understand their experiences and support their right to express themselves

    - If they feel threatened with job loss if they don't go along with established ways of doing business

SLIDE 13: TO AVOID CO-OPTATION

SLIDE CONTENT

- **Develop strong relationships with other peer support staff**

- **Educate yourself about the history of the consumer/survivor/ex-patient movement**

- **Reach out to local, state, and national organizations for consumers/survivors**

- **Talk about peer support values to non-peer staff**

SPEAKING POINTS

- Maintaining an awareness of the possibility of co-optation is easier if we take active steps like these to avoid it.

- Provide examples of problems that can arise for peer support staff when a person is the lone peer within an organization.

- Provide examples of conversations to hold with non-peer staff.

SLIDE 14: STRATEGIES TO THRIVE

SLIDE CONTENT

- **Educate people who use services about trauma and peer support**

- **Educate staff about trauma and peer support**

- **Have collaborative conversations by:**

    - **Exploring each other's perspectives and experiences**

    - **Using your recovery story strategically**

    - **Offering new solutions and ideas**

INSTRUCTOR GUIDANCE

- Each trainer needs to offer examples of educating people who use services about trauma and peer support and educating peer and non-peer staff about trauma and peer support.

- Each trainer needs to be prepared to share strategies from their own experience that have helped them to stay connected to peer support values and principles.

- This conversation sets the stage for the topics of self-awareness and self-care.

SPEAKING POINTS

- In summary, it is essential for those in peer roles to deliberately develop methods to stay connected to the values and principles that sustain effective peer support.

- As we do this work it is common to be impacted by the environments we work in or by the stories we hear.

- The more self-aware and prepared we are, the better we are able to restore and sustain ourselves.

- We are now going to talk about self-awareness and self-care.

SLIDE 15: SELF-AWARENESS

SLIDE CONTENT

"In the thick of this work we often forget about our own needs…" Shery Mead

Self-Care is essential

INSTRUCTOR GUIDANCE

- Conduct Exercise : Self-care Check-In (see box)

SLIDE 16: SELF-AWARENESS

SLIDE CONTENT

Be aware of:

- **The impact of trauma on your own life**

- **Your own emotional "hotspots"**

    words, sights, smells, sounds, behaviors, characteristics, emotional responses

- **How your own experiences may influence your feelings and responses to people you support**

INSTRUCTOR GUIDANCE

- Trainers need to provide a good strategic personal illustration that demonstrates a response to a hot spot, what occurred, and the outcome. For example: When visiting my daughter, I sensed a damp basement-like smell in her hallway. Before I realized what happened, I was back in my car with the doors locked. I

had no memory of going back outside. Once I was aware, I learned a new way to cope with my response so I could visit her at her home.

- End this conversation by teaching a brief breathing or stretching exercise. Invite everyone to participate as much as they feel comfortable.

- Conducting a brief breathing or stretching activity at this time makes it possible to wait until after the first activity in the next session (Trauma and Its Impact) to take a formal break. The activity closes this section of the training by offering an opportunity to demonstrate self-care principles. During the rest of the training, whenever there are breaks, or if discussions become intense, trainers can teach the group a quick stretching and breathing exercise or grounding technique. It is also recommended that trainers use the self-care materials in the room to model and to symbolically "give permission" if participants are reluctant. For example, make shapes, flowers, and other objects out of pipe cleaners or Play-doh or draw something with markers and visibly display.

SPEAKING POINTS

- In summary, :

  o Trauma-informed approaches rely on connection.

  o Connecting and remaining present can be hard work.

  o Many providers and peers supporters have their own experiences with trauma.

  o A high degree of self-awareness can be helpful when sorting feelings, responses, sources of distress, and helpful coping strategies.

  o Self-care is an essential part of the foundation that sustains us in this work.

SECTION 2. TRAUMA AND ITS IMPACT (SLIDES 17-30)

SEE CHAPTERS 1 & 2 OF THE GUIDE

Key Themes: Definition, Traumatic Events and Circumstances, Trauma's Impact, Prevalence, Healing

Section Purpose: The goals of this section are to define trauma; provide information on the way that trauma can impact the brain, body, spirit, behavior and relationships; discuss the prevalence of trauma; and explain that healing from trauma is possible.

There are many accepted definitions for trauma. The important ingredients include: stress from the shocking nature of the events and circumstances that overwhelm a person's capacity to cope, resulting in feelings of helplessness and extreme fear and horror. Threats are perceived as psychological and/or bodily violation, threat of death, or serious injury to self or a loved one. The event may be witnessed or experienced directly. The response is unique to the individual because each person has unique resiliencies and coping resources. Those resources may vary within a person depending upon life events.

The events leading to trauma responses are varied, and many survivors have experienced multiple events and circumstances that have pushed past our coping resources. Events may include experiences ranging from childhood abuse or neglect to sexual assault or domestic violence or other violent crimes experienced as an adult to socially

based chronic stressors like poverty and racism. The sources of the violence may vary and leave deep and enduring wounds. A common thread is often the misuse of power by one over another.

No one can decide for someone else which experiences have caused the most harm. Deliberate interpersonal violence experienced at a young age and/or perpetrated by a trusted person or entity that is supposed to be safe is devastating. It is important for trainers to understand the pervasiveness of trauma, the overwhelming shame and rage that can accompany the experiences and the impact over the lifespan. The differences in how, if, and when people express their pain is an important concept. Often people who intend to be helpful can create disconnection by assuming they understand another's life experience, when in fact, they don't actually know what that individual's experience has been. How people experience these life events and the meaning they make of them is an individual experience. Even the words survivors use to describe our experiences vary. For some, the word "trauma" doesn't resonate at all. During training, these differences are important to keep in mind, as it may take some participants longer to connect with the information provided.

The impact of trauma on the mind, body and spirit is explained with limited explanation of the science. There is some discussion about the body's response to threat is to signal an automatic flight, fight, or freeze response. Ordinarily, when the threat is gone, the expectation is for the body to return to baseline and relax. If ongoing threat is perceived, the body stays in a heightened state of alert and prepared for threat, a "trauma response." The Adverse Childhood Experiences Study is referenced here to point out the connections between trauma in early life and ongoing health and social challenges over the life span. Trauma leads to changes in physical and emotional arousal, attention, and perception. Survivors' responses may fluctuate between extremes (Niki Miller, 2010.) The ongoing challenges include feeling disconnected and/or powerless, and having feelings and actions that are often misunderstood by service systems and others, including people who intend to be helpful.

The information in this section is provided to lay the foundation for understanding that healing is possible and peer support has the essential ingredients to assist people in their healing journey. Healing requires gaining a sense of control, feeling safe, developing trust and reconnecting to others. These components can be found in peer support.

Time: 45 minutes

SLIDE 17 SECTION TITLE: TRAUMA AND ITS IMPACT

SLIDE CONTENT

Trauma and Its Impact

INSTRUCTOR GUIDANCE

- Transition topic to trauma and its impact.

- The initial slides 18 and 19 provide a basic understanding to get everyone on the same page.

- This leads to the activity "Tracing Trauma in Your Life." The activity is designed to provide a space for participants to consider their own experiences and the language they use to describe them.

- It may be helpful to remind participants that as we move forward, they may want to use the self-care strategies they thought would be helpful. Trainers need to be prepared to share examples to illustrate various points to make the material as concrete as possible and to model language that makes the point about trauma without explicitly painful details.

SLIDE 18: DEFINING TRAUMA

SLIDE CONTENT

Extreme stress brought on by shocking or unexpected circumstances or events **that overwhelm a person's ability to cope.**

- Results in feelings of helplessness, extreme fear and horror.

- Threats are perceived as psychological and/or bodily violation, threat of death, or serious injury to self or a loved one.

- The event may be witnessed or experienced directly

SPEAKING POINTS

- There are many definitions of trauma.

- It is important to understand the essential themes; trauma is a response to shocking circumstances and events that overwhelm a person's capacity to cope.

- Trauma responses are individualized because each of us has different coping resources (and the same person may have fewer/more resources at different times depending on circumstances).

- Any given threatening event may traumatize one person but not another, since trauma happens when an **individual** feels overwhelmed by the threat.

SLIDE 19: POTENTIAL SOURCES OF TRAUMA

SLIDE CONTENT

- **Childhood sexual, physical, emotional abuse, neglect, abandonment**

- **Rape, sexual assault, trafficking**

- **Domestic violence; experiencing/witnessing other violent crime**

- **Catastrophic injury or illness, death, loss, grief**

- **Institutional abuse and neglect**

- **Childhood sexual, physical, emotional abuse, neglect, abandonment**

- **Rape, sexual assault, trafficking**

- **Domestic violence; experiencing/witnessing other violent crime**

- **Catastrophic injury or illness, death, loss, grief**

- **Institutional abuse and neglect**

INSTRUCTOR GUIDANCE

- It is helpful to go over each by name and provide examples for things not easily understood. The upcoming activity will provide opportunity for further discussion and relate this to participants' own experiences.

- Participants may have strong reactions to some of these examples. In many of the training groups, numerous people have identified having similar experiences with institutional abuse and neglect and have been surprised by seeing others in the room with a similar response.

- When discussing domestic violence, it may be helpful to share that children witnessing domestic violence have been traumatized by seeing a loved one harmed. Some may see this as reason to remove children from non-abusing parents. If this issue is raised, remind participants that the abuser needs to be held accountable, not the victim.

- It may also come up that a survivor feels they are to blame for what was done to them. It is important to state that a crime was committed against them.

- The culturally based trauma may require explanation. Easily recognizable examples are enslavement of African Americans, genocide against Native Americans, and the Holocaust.

- The misuse of power by one person over another usually resonates with participants in a way that serves to summarize the slide and link the different experiences.

SPEAKING POINTS

- These are some examples of potential sources of trauma.

- Many survivors have had several of these experiences over their lifespan.

- The affect can be cumulative.

- The event or circumstance may be violent and trauma may be the response.

- Again, note that these are examples of events that are **likely** to result in a trauma response, but that people respond differently because our experiences, strengths, resiliencies, and coping resources are different.

- No one can predict for another person what will lead to a trauma response.

SLIDE 20: TRACING TAUMA IN YOUR LIFE

SLIDE CONTENT

Tracing Trauma in Your Life

INSTRUCTOR GUIDANCE

- Handout and Exercise: Tracing Trauma in Your Life (see box)

- During this section it is helpful to keep in mind that people use different words to describe their experiences. The word " trauma" doesn't always resonate with people and individuals may misunderstand or disagree with terms that are used. Although this is addressed directly on slide 21, it may come up during the exercise.

- This activity asks that participants consider their own life experiences and trainers need to be prepared with brief examples in case there is an area where no one in the room speaks up.

- Be prepared that participants may need to touch base with a trainer after the activity. The break here is well-timed immediately following the activity to accommodate this.

- Prior to the break, it is recommended that trainers conduct a brief breathing, stretching, or grounding exercise, something that requires physical movement.

- Following break, complete the Power Point for the rest of Section 2.

BREAK: 15 minutes

SLIDE 21: TALKING ABOUT TRAUMA

SLIDE CONTENT

- **If, how, and when a person chooses to talk about experiences is personal**

- **Some may not label what happened as "trauma"**

- **Be aware of the words you use and be prepared that other's words may be different**

SPEAKING POINTS

- Different perspectives:

  o People use different language to explain their experience.

  o People have different ways of understanding what happened to them and it means different things to different people.

  o For example, the word *trauma* may not be in someone's vocabulary or they may have heard it on the news but not applied it to their life experience. But talking with that same person about

violence in the community or asking if they were ever hit or hurt by another person may get a different response.

- Another thing to consider is that abuse may have happened at a very young age and a survivor may not have developed language to describe the experience.

- People need to choose for themselves if, when, and where they share their truths.

SLIDE 22: TRAUMA AFFECTS DEVELOPMENT

SLIDE CONTENT

Early experiences, especially traumatic ones, shape human development.

We develop ways to cope, survive, and defend ourselves against deep and enduring wounds.

INSTRUCTOR GUIDANCE

- It is also important to be clear that trauma is not a "brain disease." It is a natural response to adverse circumstances.

- It may be necessary to remind participants that trauma occurs when a person's capacity to cope is overwhelmed.

- Trainers can provide an example of how someone copes with extreme stress and can ask the group for an example of ways people learn to cope with fear and horror.

- Some examples:

  o Someone who experienced repeated abuse as a child has no childhood memories

  o A person who was frequently beaten as a child is very withdrawn and avoids social situations

  o A trauma survivor may act in a bristly and aggressive way to keep others at a safe emotional distance

  o A woman who was sexually assaulted in her own bed can only go to sleep with the lights on

SPEAKING POINTS

- Human development is shaped by our early experiences which include experiences with trauma. We develop strategies to survive in that moment.

- These are some examples…(see above)

- Coping strategies are survival strategies.

- As survivors, we may hold onto those strategies even when they are no longer helpful or needed. Let's talk further about how this occurs.

SLIDE 23: FLIGHT, FIGHT, OR FREEZE

SLIDE CONTENT

- **The brain signals the body to respond to a perceived threat and the body prepares**

- **Ordinarily, when the threat is gone, the body returns to "baseline"**

- **If an ongoing threat is perceived, the body doesn't return to baseline, remains prepared for threat, resulting in a "trauma response"**

- **The switch is stuck in the "on" position**

INSTRUCTOR GUIDANCE

- This is a brief, surface-level discussion of brain processes when a threat is perceived. The point is to convey that the reactions are automatic and involuntary.

- Ask participants for an example of what "fight" might look like in an interaction with a survivor; what "flight" might look like, and what "freeze" might look like. The point is to have concrete examples in everyday language.

SPEAKING POINTS

- The brain signals the body to prepare for threat-to run, to fight or to freeze. The body prepares by releasing adrenalin, pupils dilate, breathing changes…

- When the threat is gone the body typically returns to baseline.

- If an ongoing threat is perceived, the body stays prepared over extended periods of time. The switch is stuck in the on position, resulting in a trauma response; always ready for threat.

- Sometimes, even though people intend to be helpful, the "help" is perceived as a threat.

SLIDE 24: TRAUMA LINKED TO HEALTH CHALLENGES OVER THE LIFESPAN

SLIDE CONTENT

Adverse Childhood Experiences: Biological Impacts and Health Risks: Long-term Health and Social Problems

The more types of adverse childhood experiences…: The greater the biological impacts and health risks, and…: The more serious the lifelong consequences to health and well-being

INSTRUCTOR GUIDANCE

- The Adverse Childhood Experiences Study is a commonly quoted resource for understanding the long-term impact of trauma on overall health. Trainers need to be familiar with the study because many participants may have some knowledge of it and there are various views about how it is helpful.

- The study has limitations; the 10 categories used in the original ACE questionnaire do not include the trauma experiences of many survivors.

- More information can be found at ACESTUDY.ORG

SPEAKING POINTS

- Adverse Childhood Experiences Study (ACE Study) was an extensive collaboration between Kaiser Permanente Insurance Company and the Center for Disease Control. 17,000+ people were surveyed examining the impact of negative events in early childhood on people over their lifespan.

- The ACE Score gives a picture of the total number of adverse events during childhood. As the number of ACEs increases, the risk for many health problems also increases.

- They found that the adverse outcomes in health- lung disease, liver disease, heart disease, cancers, alcohol and other drug use among other health conditions are also linked to the effects of early life stress on the development..

- Extensive information on the ACE study is available for those seeking further information. It is beyond the scope and time allotted for this of this training.

SLIDE 25: TRAUMA LEADS TO CHANGES

Trauma Leads to Changes
Survivors may move between extremes...

Arousal-Extreme levels of excitability and responsiveness to external stimuli *or* numbing and detachment from the outside world.

Hyper-arousal←·←·←·→·→·→numbing

Attention-The mind's energy is directed away from situations, completely inattentive and absent *or* toward them, deeply and exclusively focused.

dissociation←·←·←·→·→ hyper-focus

Perception-Pupils dilate: vision and hearing are sharpened *or* dulled and memory is absent

heightened←·←·←·→·→dulled

Emotion- Emotional detachment from devastating experiences or extremely painful feelings that are difficult to tolerate.

absent←·←·←·→·→overwhelming

N. Miller

INSTRUCTOR GUIDANCE

- This slide contains work from Niki Miller and offers examples of the range of possible responses people can have in terms of arousal, attention, perception and emotion. It is a complex slide and it may help if you discuss this in terms of memory, attention, thinking, and feeling and expressing emotion.

SPEAKING POINTS

- Trauma can interfere with thinking and memory.

- Thoughts and reminders of a traumatic experience make emotions difficult to regulate.

- These changes can affect neurological processing of information, which in turn sets physiological changes in motion.

- What is important to keep in mind   is the range of responses and experiences that are possible.

- Survivors may move back and forth along the continuums illustrated on the slide.

SLIDE 26: FACTORS THAT MAY INTENSIFY TRAUMA

SLIDE CONTENT

- **The earlier in life trauma occurs, the more severe the likely long-term effects**

- **Deliberate violence is particularly damaging, especially when inflicted by trusted caregivers**

- **Violence - compounded by betrayal, silence, blame, or shame - impacts the ability to form intimate relationships**

SPEAKING POINTS

- There are factors that contribute to survivors' coping strategies being overwhelmed. These are a few.

- "Can you think of others?"

- This slide also highlights the lasting impact of shame, silence and betrayal of trust.

- "Sanctuary trauma" occurs when a person or institution that is supposed to be safe, is not. The betrayal is deep and enduring.

SLIDE 27: IMPACT OF TRAUMA

SLIDE CONTENT

- **Survivors may be responding to the present through the lenses of their past**

- **Things survivors do to cope may be misinterpreted by staff as "non-compliance"**

- **Can lead to punitive reactions by staff to people who are struggling with trauma responses**

- **Often, people are unaware that their challenges are related to trauma**

SPEAKING POINTS

- This slide highlights the consequences when trauma is not considered, is misunderstood or ignored.

- Survivors may be "punished" for what staff see as being uncooperative or non-compliant.

- The struggles for power as survivors try to gain or regain control can lead to labeling, restraint and other kinds of coercion.

- Survivors and staff may be unaware that trauma is part of the picture.

- When you understand that trauma responses are involuntary, it allows for re-consideration of assumptions made about people and their behavior.

- It allows for an opportunity to consider people in light of their suffering or distress and then think again about what might actually be helpful.

SLIDE 28: TRAUMA DISCONNECTS. IT CAN…

SLIDE CONTENT

- **Leave people feeling powerless**

- **Have lasting effects on the ability to trust others and form intimate relationships**

- **Impact relationships with self, others, communities, and environment**

- **Create distance between people**

SPEAKING POINTS

- Trauma is often at the source of what contributes to feeling disconnected and powerless.

- The feelings of disconnection can be internal-disconnected from self, and lack of connection with others-family, neighborhood, and community.

- Another way trauma creates distance occurs when people in helping roles assign labels, make assumptions about behaviors (for example, "she is only seeking attention"), believe survivors do not want to heal, or shy away from or refuse to work with certain people.

SLIDE 29: TRAUMA IS WIDESPREAD

SLIDE CONTENT

- **Studies show that 90% of people with psychiatric diagnoses are trauma survivors [1]**

- **Similar rates among people with histories of substance abuse, foster care placement, homelessness, and incarceration [2,3,4,5]**

- **Nearly 100% of incarcerated women are trauma survivors [6]**

- **Both staff and people using services may be trauma survivors**

INSTRUCTOR GUIDANCE

- The purpose is to illustrate that the vast majority of people likely to be encountered in peer support and human service systems are trauma survivors.

- It is equally important to note that significant numbers of staff, peer and non-peer, are likely to be trauma survivors. This information is often surprising and affirming for training participants.

SPEAKING POINTS

- These are some examples of statistics about the prevalence of trauma.

- The vast majority of people likely to be encountered in peer support and human service systems are trauma survivors.

- Staff are also likely to be trauma survivors.

- In some settings peer supporters, as people who openly disclose being survivors, are holding the emotional load for many other staff who are in different positions and cannot or do not disclose that they are survivors also.

- This again raises the issue of the importance of organizations taking steps to become trauma-informed and having tools and supports for all staff.

SLIDE 30: HEALING IS POSSIBLE

SLIDE CONTENT

Healing from trauma, like healing from a physical injury, is a natural human process.

- Richard Mollica, 2006

SPEAKING POINTS

- Richard Mollica is a psychiatrist dedicated to working with survivors of torture from around the world.

- Often the people we encounter in peer support have lost hope or don't believe they can heal. They may have received messages from "systems" that labeled them or confirmed they are "broken".

- Healing is more than possible, it is to be expected!

SLIDE 31: HEALING FROM TRAUMA REQUIRES

SLIDE CONTENT

- **Regaining a sense of control over one's life and one's environment**

- **Maintaining a sense of safety**

- **Developing the ability to trust self & others**

- **Reconnecting with others**

INSTRUCTOR GUIDANCE

- This slide ends this section of the training on a positive note about the importance of peer support in healing trauma.

- Ending the section with a breathing or stretching activity can help with the transition to the next section, Trauma-Informed Practices.

SPEAKING POINTS

- Peer support, at its core, offers the essential ingredients to assist people in their healing journey.

- Healing requires gaining a sense of control, feeling safe, developing trust and reconnecting to others. These components can be found in peer support.

SECTION 3. TRAUMA-INFORMED PRACTICES (SLIDES 32-40)

SEE CHAPTER 3 OF THE GUIDE

Key Themes: Non-Trauma-informed Practices, Elements of Trauma-Informed Practice, Defining Help, Power, Retraumatization, Mutuality, Trustworthiness

Section Purpose*:* The goals of this section are to define and describe the values, principles and implementation of trauma-informed practices, regardless of setting or service system. Trauma-informed practices are based on the universal expectation that trauma has occurred. This is sometimes referred to as "universal precautions." As survivors, many of us have found this term to be offensive, as it implies we have something to be feared or is contagious. "Universal expectation" conveys the message that anyone in any system or program, no matter their position, whether they are people who use services or staff, can be a trauma survivor.

Training participants may be familiar with some trauma-specific interventions, such as manualized treatment groups like Seeking Safety, or people may have been involved in mind/body treatments like EMDR. These treatment services work best when they are part of a larger agency-based trauma-informed approach.

The goals in trauma-informed practices are to eliminate coercion—"do no more harm"—and to avoid revictimizing and retraumatizing people. The foundation includes the principles of safety, autonomy, voice, choice, and trustworthiness. When people work in trauma-informed ways, the focus is on supporting people in gaining what they want for themselves without force. It is important for trainers to emphasize that no one has the capacity to make someone trust in them but each of us can behave in trustworthy ways.

Time: 30 minutes

SLIDE 32: TRAUMA-INFORMED PRACTICES

SLIDE CONTENT

Trauma-Informed Practices

INSTRUCTOR GUIDANCE

Transition topic to trauma-informed practices

SLIDE 33: SAMHSA'S KEY PRINCIPLES OF TRAUMA-INFORMED APPROACHES

SLIDE CONTENT

1. **Safety**

2. **Trustworthiness and Transparency**

3. **Peer Support**

4. **Collaboration and Mutuality**

5. **Empowerment, Voice and Choice**

6. **Cultural, historical and gender issues**

INSTRUCTOR GUIDANCE

These principles are found in SAMHSA's Working Concept of Trauma and Framework for a Trauma-Informed Approach DRAFT 9/3/13. The details are outlined below.

SPEAKING POINTS

1. **Safety**: throughout the organization, staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

2. **Trustworthiness and transparency**: organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, service users, and family members of people being served by the organization.

3. **Peer support:** (peers refers to individuals with lived experiences of trauma, or in the case of children, this may be family members of children who have experienced traumatic events and are key caregivers in their recovery) and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment

4. **Collaboration and mutuality**: there is true partnering and leveling of power differences between staff and people using services and among organizational staff from direct care staff to administrators; there is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.

5. **Empowerment, Voice and Choice**: Throughout the organization and among the clients served individuals' strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed. The organization fosters a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; building on strengths and not just addressing perceived deficits. Clients served must have a leadership role in determining the supports and the plan of action they need to heal and move forward . They need to be supported in cultivating self-advocacy skills and in developing self-empowerment such that staff are facilitators of recovery rather than controllers of recovery.

6. **Cultural, historical and gender issues** are addressed; the organization actively moves past cultural stereotypes and biases, offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma

SLIDE 34: NON–TRAUMA-INFORMED PRACTICES

SLIDE CONTENT

- **Recreate the fear and helplessness of the original trauma**

- **Cause distrust, sadness, anger, frustration and confusion**

- **Survivor reactions are seen as "symptoms" which increases the rationale for "management" and potential for coercion**

SPEAKING POINTS

- In many mental health and other service settings, there is little or no awareness of the impact and prevalence of trauma, and regular ways of doing business are top-down and controlling.

- This can result in a cycle of re-traumatization in which survivors react to these reminders of trauma in ways that result in staff acting in punitive or controlling ways, which increases people's distress, which increases coercion, and continues the cycle.

SLIDE 35: TRAUMA-INFORMED PRACTICES

SLIDE CONTENT

- **Based on the universal expectation that trauma has occurred**

- **Focused on understanding "What happened to you?" not "What's wrong with you?"**

- **Seek to understand the meaning people make of their experiences.**

SPEAKING POINTS

- Knowing how prevalent trauma is among people using services, we must act on the assumption that every person we interact with is likely to be a trauma survivor, and act accordingly

- Note that the question "What happened to you?" is not a literal question that people should be asked, but represents the underlying philosophy of the way we interact with trauma survivors.

- While we act on the assumption that people are trauma survivors and that something did happen to them, it's important for them to explore the meaning they make of those experiences and how that meaning affects their life.

SLIDE 36: TRAUMA-INFORMED PRACTICES (CONTINUED)

SLIDE CONTENT

- **All staff and people who use services are educated about trauma**

- **Incorporate knowledge about trauma in all aspects of service delivery**

- **Minimize revictimization – "do no more harm"**

- **Take particular care to create a welcoming environment**

INSTRUCTOR GUIDANCE

- These are generalized principles for what it means to be trauma-informed. The Guide and other sections of this training provide greater detail.

- It is helpful for the trainer to give some examples of "welcoming environments." The examples need to include physical space- use of light and color, how to welcome people from different cultural backgrounds, providing helpful information to people who are newcomers, and conveying warmth in relationships.

SPEAKING POINTS

- Although education alone does not necessarily heal trauma, it does go a long way towards helping survivors understand what has happened to them and the long lasting impact on body, mind, and spirit.

- Trauma-informed support offer continuous opportunities to learn about these impacts and develop new ways of coping with the range of responses previously discussed.

- There are also opportunities to create welcoming environments for staff and survivors to learn and grow in their understanding about trauma at the same time. When everyone is open to learning, there can be a more power sharing in decision-making.

- Knowledge about trauma is reflected in all policies and practices. Organizations reconsider the impact of sights, sounds, and relationships. Rules are re-examined in light of how they either foster or inhibit healing. Supervision and on the job self-care practices are reexamine. Service planning approaches shift to focus on empowerment and healing.

SLIDE 37: TRAUMA-INFORMED PRACTICES (CONTINUED)

SLIDE CONTENT

- **Strive to be culturally responsive**

- **Focus on resilience, self-healing, mutual support, and empowerment**

- **Ensure voice, safety, autonomy, choice, trustworthiness, and the elimination of coercion**

INSTRUCTOR GUIDANCE

- This slide has an accompanying activity. Present slide content first and then complete activity.(see box)

- Training participants may be confused about the difference between trauma informed approaches and trauma specific treatment.

- Trauma treatment models are specific techniques to treat manifestations of trauma and they work best when part of a larger focus such as creating trauma-informed organizations.

- Some examples of trauma-specific treatment: manualized group treatment models such as Seeking Safety or TREM (Trauma Recovery and Empowerment Model); integrated trauma and substance abuse treatment; mind/body approaches such as EMDR (Eye Movement Desensitization and Reprocessing).

- Trainers need to be familiar with these resources. Participants may be familiar based upon their own healing journey.

SPEAKING POINTS

- Trauma treatment models are specific techniques to treat manifestations of trauma and they work best when part of a larger focus such as creating trauma-informed organizations.

- Some examples of trauma-specific treatment: manualized group treatment models such as Seeking Safety or TREM (Trauma Recovery and Empowerment Model); integrated trauma and substance abuse treatment; mind/body approaches such as EMDR (Eye Movement Desensitization and Reprocessing).

- Trauma-informed organizations rethink overall approaches and environments.

- They maintain a cultural lens that is applied to services, environments and interactions.

- Survivors are considered as whole people with cultural connections that need to be acknowledged and tended to as per the individual's wishes.

- People have the capacity to heal themselves when effective environments and supports are present.

- Mutuality and empowerment are key components of effective supports.

- Primary principles are voice, safety, autonomy, choice, trustworthiness and to eliminate coercion.

SLIDE 38: SENSITIVE "RADAR"

SLIDE CONTENT

Trauma survivors often have sensitive "radar" for detecting dishonesty and good reasons to be sensitive to misuse of power and authority.

SPEAKING POINTS

- Many survivors often have a heightened state of awareness of their surroundings and the people around them. When our histories contain betrayal and inability to trust, our healing often requires us to look for people to prove they are trustworthy before believing it to be true.

- In other words, "Say what you mean and mean what you say."

- Since healing from trauma requires building trusting relationships, it's crucial that in peer support, we be transparent and mutual in our relationships.

SLIDE 39: UNCANNY REPETITION

SLIDE CONTENT

Those working with survivors "have a tendency to deal with their frustration by retaliating in ways that often uncannily repeat the earlier trauma."

van der Kolk, 2003

INSTRUCTOR GUIDANCE

- This point can be illustrated with a brief summary of Pat Deegan's story from the Guide. From the age of 6-17. (see speaking points below)

SPEAKING POINTS

- Pat was drugged with adult doses of amphetamines by her mother, who broke open the capsules and mixed them with milk, telling her, "Drink this, it's good for you." This trauma resulted in her hospitalization at age 17. On her first day on the unit, a nurse approached her with a cup of liquid Thorazine and a cup of orange juice, poured them together, and told Pat to drink it, it was good for her.

- These experiences can retraumatize survivors create distance within relationships that intend to be helpful.

SLIDE 40: WHAT DOES HELP LOOK LIKE?

SLIDE CONTENT

Not Trauma-Informed

- **Needs are defined by staff**

- **Safety is defined as risk management**

- **The helper decides what help looks like**

- **Relationships based on problem-solving and accessing resources**

- **Help is top-down and authoritarian**

Trauma-Informed

- **Needs are identified by survivor**

- **Safety defined by each survivor**

- **Survivors choose the help they want**

- **Relationships are based on autonomy and connection**

- **Help is collaborative and responsive**

SPEAKING POINTS

- This slide illustrates the differences in approach between service environments that are not trauma-informed and those that are trauma-informed. In making the shift, there are distinct differences in philosophy and the centrality of establishing relationships based on hope and healing.

SECTION 4. CULTURAL CONSIDERATIONS (SLIDES 41-49)

SEE CHAPTER 5 OF THE GUIDE

Key Themes: Cultural Uniqueness, Culture Defined, Cultural Considerations, Group Membership, Trauma and Culture, Assumptions, Expression

Section Purpose: This section explores the incorporation of a cultural lens as part of trauma–informed practice. Culture is defined as bringing together individual components such as values, art, traditions and history, and the threads of community that bring us together as groups, such as age, gender, race . There are aspects of culture that are visible; most are invisible. Each person belongs to many different groups and no one can determine for another what group identities and group connections are more important than another.

Culture is complex and this section just skims the surface. Trainers may want to increase their knowledge, awareness and understanding of cultural considerations beyond the scope and time of what could be covered in this section.

The focus is for participants to take a look at themselves, their values, the assumptions made about others, and the impact of culture on our capacities for healing and providing peer support. As survivors, we each experience our day-to-day lives through the lens of all of our life experiences. We carry those views into our relationships, including peer support relationships.

Participants are offered a way to reframe "cultural issues" that may get in the way of connecting and being effective, and think instead about "cultural considerations." This is an invitation to think about self and others in a way that honors differences in culture and understands that history matters and culture can shape views about illness and wellness, secret-keeping, resilience, and healing. Trauma can disconnect people from their resources and supports. Peer support can provide an opportunity for connecting and reconnecting effectively if we manage our assumptions, understand the oppressive experiences many survivors have because of who we are, and act from that awareness. What works: curiosity, empathy and flexibility.

Time: 45 minutes

SLIDE 41: SECTION TITLE CULTURAL CONSIDERATIONS

SLIDE CONTENT

Cultural Considerations

INSTRUCTOR GUIDANCE

- Transition topic to culture.

- This is a relatively brief discussion of culture within the context of trauma-informed practices.

SLIDE 42: ANAIS NIN QUOTE

SLIDE CONTENT

We don't see things as they are, we see things as we are. -- Anais Nin

SPEAKING POINTS

- This quote speaks to the idea that our experiences shape how we see the world.

- We can all experience the same event in this room, at this time, and each of us may be affected differently, taking away a different view of that event.

SLIDE 43: WHAT IS CULTURE?

SLIDE CONTENT

The shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any *other cohesive group variable*.

INSTRUCTOR GUIDANCE

- There are many different definitions for culture. Participants may use other definitions. The goal is to raise awareness balanced with the time allotted for the training.

SPEAKING POINTS

- There are many definitions for culture. It is important to work with one so we have a shared understanding as a group.

- This definition describes culture as two things: the values, arts, history and traditions we have, and what brings us together as groups.

- As human beings, we belong to many different groups. It is impossible to tell what groups are important to a person without having those conversations.

-

SLIDE 44: CULTURAL CONSIDERATIONS

Self-Identity

- **Race**

- **Ethnicity**

- **Age**

- **Gender**

- **Sexual orientation**

- **Language**

- **Family**

- **Beliefs about capabilities**

- **History**

- **Country where born**

Belonging and Participation

- **Spirituality**

- **Education**

- **literacy**

- **Incarceration**

- **Military**

- **Employment/Income**

- **Where you live**

- **Immigration status**
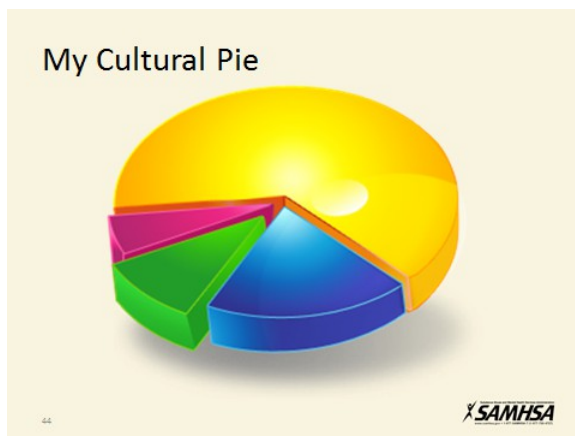
- **Illness/wellness**

- **Parenting**

INSTRUCTOR GUIDANCE

- To clarify the different types of cultural considerations, trainers need to give examples of cultural groups that are personally important in self-identification and group belonging. For example, " As a lesbian, sexual orientation is very important to me and if I'm in a new setting I wonder if I am safe." Being a parent is also important. There were times when I needed to be around peers who had children.

SPEAKING POINTS

- This slide shares some examples of cultural considerations. There are aspects of culture that determine how a person identifies himself or herself.

- There are other cultural considerations that speak to how people connect to one another and feel where they belong in their families and communities.

- It is impossible to guess or assume what aspects of culture are important for another person.

SLIDE 45: MY CULTURAL PIE

INSTRUCTOR GUIDANCE

- Conduct the activity. The handout this activity is a worksheet titled "Who am I?" (see box)

- Following activity, complete the PowerPoint for the rest of this section.

SLIDE 46: CULTURAL CONSIDERATIONS (CONTINUED)

Self-Identity

- **Race**

- **Ethnicity**

- **Age**

- **Gender**

- **Sexual orientation**

- **Language**

- **Family**

- **Beliefs about capabilities**

- **History**

- **Country where born**

Belonging and Participation

- **Spirituality**

- **Education**

- **literacy**

- **Incarceration**

- **Military**

- **Employment/Income**

- **Where you live**

- **Immigration status**

- **Illness/wellness**

- **Parenting**

SPEAKING POINTS

- Trauma can cut across all of people's cultural strengths, resiliencies, and connections, often leaving them feeling disconnected and isolated.

- Survivors may not have family or feel part of communities or in truth-telling, may have lost connections they did have.

- The losses and betrayals may make it extremely difficult to feel part of groups and to form relationships.

SLIDE 47: CULTURE COUNTS

SLIDE CONTENT

- **Culture influences:**

    - **the experience of trauma**

    - **the meaning people make of what has happened**

    - **how and if people express their pain**

- **One's cultural experience affects beliefs, behaviors, and attitudes toward others**

- **Assumptions made about others may become barriers to effective support**

INSTRUCTOR GUIDANCE

SPEAKING POINTS

- Culture counts in terms of how people experience life events, what it means to be a survivor, and the words we use to describe our experiences. The losses we associate with trauma may be different for each survivor.

- Trainer needs to share an example of their own.

- The beliefs, biases, and assumptions we hold about others have a long deep individual history filled with stereotypes and inaccuracies provided by those that taught us.

- This can get in the way of effective peer support.

- Survivor's experiences with racism, sexism, anti-Semitism, homophobia, ableism, and classism and any other forms of discrimination make it more difficult to trust others and often leave people feeling on guard, expecting further mistreatment.

SLIDE 48: NO ASSUMPTIONS

SLIDE CONTENT

- Every conversation can be a cross-cultural conversation

- We may not know the source of someone's joy, pride, or pain

- We do not know how oppression/trauma have impacted a person's life

- We do not know what self-protecting coping strategies people need to use

SPEAKING POINTS

- Because we do not know what cultural considerations are important until we get to know someone, be prepared that any conversation may be cross- cultural.

- Because of the nature and impact of trauma and the many potential sources of trauma, we can never assume that we know what someone's experience has been.

- We cannot assume that because we have good intentions, we are being perceived as respectful or helpful.

- We need to understand that survivors have protected themselves from many different kinds of threat.

- Diversity among peer providers is important to provide options for connecting.

SLIDE 49: CURIOSITY, EMPATHY, FLEXIBILITY

SLIDE CONTENT

BE CURIOUS, BE EMPATHETIC, BE FLEXIBLE

SPEAKING POINTS

- There is no shortcut to understanding. We need to be curious about other's lives and journeys. Once people have shared, we need to be empathetic. And then we need to be flexible in our approaches to mutuality and support.

- End the session with a breathing or stretching activity to help with the transition to the next section.

SECTION 5. TRAUMA-INFORMED PEER SUPPORT (SLIDES 50-69)

SEE CHAPTERS 8, 11 & 12 OF THE GUIDE

Key Themes*: Effective Peer Support, Coping Strategies, Defining Safety, Maintaining Integrity, Self-Inflicted Violence, Personal Narratives,

Section Purpose*: To apply the information learned about Peer Support and Trauma-Informed Practices in earlier sections in concrete and practical ways to Trauma- Informed Peer Support.

Time: 1 hour 45 minutes (including 15 minute break, usually after slide 58)

Goals: The goals of this section are to **apply the information about trauma-informed practices presented in the earlier section specifically to the practice of peer support**. This section includes a focus on two salient topics for peer supporters: understanding self-inflicted violence and working with survivors who use this coping method, and the uses of personal narratives about trauma histories in peer support.

OVERVIEW (SLIDES 50-59)

A key idea is that the fundamental values of peer support that were discussed in the first section of this training are enhanced by a knowledge of trauma-informed practices, and that this can help counter the negative impact of trauma. The section reinforces the idea that trauma-informed peer support works to create a safe space for people to consider the impact of trauma on their life and the possibility of adapting new coping strategies that enhance their well-being. There is a discussion of the conflicting definitions of safety often used by the system and by trauma survivors. This is followed by a focus on power dynamics and the importance of building non-hierarchical relationships in which power is shared.

SLIDE 50: SECTION TITLE TRAUMA-INFORMED PEER SUPPORT

SLIDE CONTENT

Trauma-Informed Peer Support

INSTRUCTOR GUIDANCE

Transition topic to trauma-informed peer support.

SPEAKING POINTS

SLIDE 51: EFFECTIVE PEER SUPPORT

SLIDE CONTENT

Counters the impact of trauma:

- **Invalidation of personal reality**

- **Mistrust/alienation**

- **Loss of power and control**

- **Helplessness/hopelessness**

- **Voicelessness**

- **Feeling dominated, controlled, manipulated**

- **Violation of personal boundaries and sense of safety**

SPEAKING POINTS

- Peer support that is based on the values and principles we discussed earlier—mutual relationships that are Voluntary; Non-judgmental; Respectful; Reciprocal & Empathetic—can help survivors overcome the negative impacts of trauma such as (bullets on slide)

SLIDE 52: TRAUMA-INFORMED PEER SUPPORT

SLIDE CONTENT

- **Sees coping strategies, not "symptoms"**

- **Helps survivors make sense of how they are coping and surviving**

- **Creates a safe space to consider new coping strategies**

SPEAKING POINTS

- When we do peer support in a trauma-informed way, we start with an understanding that behaviors clinicians call "symptoms" are strategies people have developed to help them cope with the negative impacts of trauma listed on the previous slide.

- When survivors understand the impact of trauma on their lives, peer support relationships can serve as sounding boards as people make sense of how they have managed to survive and cope with the effects of trauma

- Trauma-informed peer support allows us to build mutual, trusting relationships that create a safe haven for people to examine their current coping strategies and try out options that may work better for them.

SLIDE 53: CONFLICTING DEFINITIONS OF SAFETY

SLIDE CONTENT

- **For people who use services, "safety" generally means maximizing control over their own lives**

- **For providers, "safety" generally means maximizing control over the service environment and minimizing risk**

SPEAKING POINTS

- As we discussed earlier, reclaiming a sense of safety is essential to healing from trauma. Survivors need to be able to define "safety" on their own terms – and what providers call "safety" often feels anything but that to people using services

SLIDE 54: PEER-RUN PROGRAMS

SLIDE CONTENT

Intend to create different approaches that align more closely with survivor's definitions of safety.

SPEAKING POINTS

- No additional notes for this slide.

SLIDE 55: POWER DYNAMICS

SLIDE CONTENT

- **If we're not alert to the use of power, peer support relationships may unintentionally recreate the power dynamics of the original trauma**

- **Being mindful of peer support principles can help address this**

INSTRUCTOR GUIDANCE

SPEAKING POINTS

- Relationships between mental health professionals and people using services are often top-down and feel unequal.

- So it's not surprising that when people become employed as peer support staff, they may mimic this type of relationship, since that's what they are familiar with.

- But as we've seen, this kind of power dynamic can leave trauma survivors feeling angry and helpless.

- In peer support, we strive to create the opposite of top-down, controlling relationships by creating authentic, mutual relationships in which power is shared

SLIDE 56: MUTUALITY

SLIDE CONTENT

There are no static roles of "helper" and "helpee" …reciprocity is the key to building natural connections.

- Shery Mead

SPEAKING POINTS

- No additional notes for this slide.

SLIDE 57: SHARING POWER

SLIDE CONTENT

What gets in the way of sharing power?

INSTRUCTOR GUIDANCE

- Exercise: Ask group for ideas about what gets in the way of sharing power in peer support relationships. Write on flip chart and leave it visible during the rest of this section. (see box)

- This activity and the follow-up conversation on slide 58 at times, spark lively debate.

SLIDE 58: WHAT GETS IN THE WAY?

SLIDE CONTENT

- **Lack of role clarity**

- **Struggling to manage strong emotions**

- **Preconceived attitudes**

- **Desire to manage other's behavior (particularly if viewed as harmful, self-inflicted violence)**

- **Fear, discomfort, misunderstanding**

- **How "safety" is defined and used**

INSTRUCTOR GUIDANCE

- The items on the slide may be a review of conversation that came up in the activity or some items may be things participants didn't think of.

- Trainers need to review each bullet and if there is a need, clarify what is meant by offering an example.

- If discussion becomes "spirited" a break may be helpful. If the break is not needed at this time, it can occur following this section.

SPEAKING POINTS

- Any of these circumstances can interfere with effective peer support.

- This conversation can and often does bring up strong emotions and spirited conversation.

- It is important that we listen to our differences without judgment.

SLIDE 59: MAINTAINING YOUR INTEGRITY

SLIDE CONTENT

- **Be transparent in your relationships**

- **Let people you support know up front the limits of your relationship**

- **Don't assume the people you work with know what peer support is: teach them, & they can offer each other peer support**

INSTRUCTOR GUIDANCE

SPEAKING POINTS

- **Transparency:** Let people know about any limits to confidentiality of the information they share with you. Be clear about reporting requirements that you are subject to—for example, the duty to report child abuse and elder abuse or imminent harm to self or others. This will help them decide what information to share with you. At the same time, help people create connections to others who can support them while keeping their information confidential: links to faith traditions or to independent self-help and peer support groups that are not subject to these requirements.

- **Limits:** Your agency may have policies about contact with clients outside of work hours. Talk openly about these limits and explore what your peer relationship can accomplish. Provide links to others with whom people can develop meaningful connections in their communities. Support their explorations of intimacy and friendship beyond the limits of the program.

- **Peer Support**: Explore any assumptions that people you support may have about the nature of peer support. When people identify the intent of their peer support relationships, they begin to establish some of the ways in which peer support is different from friendship. It is the intention that makes peer support what it is about, building relationships that are respectful, mutually responsible, and mutually transforming.

UNDERSTANDING SELF- INJURY (SLIDES 60-62)

This section focuses specifically on self-injury (defined as the intentional injuring of one's body as a means of coping with severe emotional and/or psychic stressors) because it is a coping mechanism used by many trauma survivors and it is the one that is most likely to result in punishment or distancing by staff or others in their lives. The intention in this section is to help people recognize self-injury as behavior that has meaning and purpose for survivors and to understand it as an expression of extreme pain rather than as "attention-seeking" or "suicidality." The focus is on creating a safe space for survivors to explore other coping mechanisms.

SLIDE 60: UNDERSTANDING SELF-INJURY

SLIDE CONTENT

Understanding Self-Injury

INSTRUCTOR GUIDANCE

- The work of Ruta Mazelis is used for this section and the focus is on shifting our understanding to move away from shame toward understanding and support. Trainers may be interested in additional writing by Ruta to supplement learning.

- Trainers need to be aware of their own feelings about self-injury and its use as a coping strategy. It is helpful to have a personal story about owning your feelings and how those feelings developed. For example," I was very uncomfortable until a friend shared that she cut herself." Or, " I was very angry about this until I realized it wasn't much different than when I smoke cigarettes.

- There is a video to support learning for use with slide #63.

SPEAKING POINTS

- We talk about self-injury in this training because it is a coping mechanism used by many survivors and the one most likely to draw negative attention from staff. Staff often react to this behavior in horror, try to stop it, and punish people for engaging in it, rather than trying to understand why a person uses this coping strategy.

SLIDE 61: DEFINING SELF-INJURY

SLIDE CONTENT

- **The intentional injuring of one's body as a means of coping with severe emotional and/or psychic stressors**

- **The primary purpose is to provide a way of coping with what feels intolerable.**

  - Ruta Mazelis

SPEAKING POINTS

- Self-injury is strategy for self-preservation rather than self-destruction. We use Ruta Mazelis's definition here to distinguish self-injury from other kinds of harmful behaviors that people may engage in (such as smoking, drinking, over-eating), because it is a behavior that people are often punished for or ostracized for.

- Discuss language: we don't use the shaming and blaming language that professionals often use to describe this behavior, such as "self-mutilation."

- We use person-first language and don't refer to people as if their behavior defines them (i.e., "people who self-injure" vs. "cutters").

SLIDE 62: SELF-INJURY

SLIDE CONTENT

- **Evolves as a way to cope with trauma**

- **Is a response to distress, past and/or present**

- **Has meaning for each survivor, such as:**

  – **Regaining control**

  – **Asserting autonomy**

  – **Relief of emotional pain**

SPEAKING POINTS

- Professionals and other staff often talk about self-injury in judgmental and inaccurate ways without understanding the meaning it has for a survivor.

- It is not suicidality or "attention-seeking." It is often a desperate act to deal with unbearable pain.

- It's understandable that people may instinctively react to self-injury with fear or horror, but it's important to take a step back and understand the purpose it serves for a person in extreme distress. Only if we don't judge people for the behavior is it possible to earn their trust and create a safe space for them to consider other coping strategies, if that makes sense to them.

SLIDE 63: A SHIFT IN THINKING

SLIDE CONTENT

FROM

Seeing the person as engaging in meaningless, frustrating, and dangerous behavior

TO

Understanding self-harm as an expression of profound pain which has meaning for the person

IT IS NOT YOUR JOB TO FIX ANYONE

INSTRUCTOR GUIDANCE

SPEAKING POINTS

- To do effective peer support with someone who self-injures, we need to shift our thinking about this behavior.

- We also need to examine our own feelings and reactions about this, and make sure that we don't shame people who use this coping mechanism.

PERSONAL NARRATIVES (SLIDES 64-70)

This section addresses how survivors can use their personal narratives to organize their understanding of their experiences and use that understanding in their healing, and how trauma-informed peer support can help that process. We deliberately use the term "personal narrative" instead of "story," as "story" may imply something that is made up, and trauma survivors are often not believed when they tell what happened to them.

Key ideas include the fact that the meaning people have made of their experience is fundamental to healing from trauma; that personal narratives can be told in ways other than through talking; and that telling one's narrative is a personal choice and is not necessary for healing. This section also discusses how peer supporters can use excerpts from their own narratives strategically to provide people with helpful examples in ways that don't re-traumatize them.

SLIDE 64: PERSONAL NARRATIVES

SLIDE CONTENT

Personal Narratives

SPEAKING POINTS

- Using survivors' personal narratives within the context of peer support relationships can be a powerful tool for healing, as long as it's done in a trauma-informed way.

- We chose to use the term "personal narrative" rather than "story," because "story" can imply something that's made up, and trauma survivors are often not believed when they tell what's happened to them.

SLIDE 65: PERSONAL NARRATIVES CAN

SLIDE CONTENT

- **Help organize one's experience, help make sense of what has taken place**

- **Lay the groundwork for survivors to develop hope about the future**

- **Can also be told through talking, music, dance or movement, drumming, art, and writing**

SPEAKING POINTS

- Our personal narratives can be helpful in several ways. First, they help people mentally and emotionally organize what's happened, and helps them discover the meaning they attach to their experiences. Often just by telling the narrative, people remember new pieces of it and uncover new meanings.

- Through narratives, people can often see their own strengths more clearly and understand how they've survived and how they can continue to move forward.

- Narratives don't have to be told in words. People can tell their narratives in ways that feel most natural, including painting, drawing, writing, dance or movement, drumming, music…

SLIDE 66: TRAUMA NARRATIVES MAY INCLUDE

SLIDE CONTENT

- **All or part of the traumatic events**

- **The impact on one's life**

- **The meaning one has made out of what happened**

- **Beliefs about who one is and who one is capable of becoming**

SPEAKING POINTS

- No additional notes for this slide.

SLIDE 67: PERSONAL NARRATIVE EXERCISE

SLIDE CONTENT

Using part of your personal narrative as a helpful illustration

INSTRUCTOR GUIDANCE

SLIDE 68: WHAT CREATES DISTANCE?

SLIDE CONTENT

- **Narratives that are difficult to listen to**

- **Competing trauma narratives**

- **Telling the same narrative over and over again**

- **Narratives told through the language of behavior (i.e., self-injury)**

- **Talking about the taboo**

SPEAKING POINTS

- Sometimes, narratives can create distance between a survivor and a person providing peer support. If we're aware of this possibility, we can take steps to mitigate that.

- Narratives may be hard to hear if the listener is overwhelmed by the painful details of the story. It's not always necessary to tell these "painful details."

- Sometimes narratives can be hard to hear because the survivor is still struggling to make sense of their experience and it comes out in an incomplete or non-linear way

- People in groups sometimes try to out-do each other with the horror of what happened to them; i.e., "You think that's bad, you should hear what happened to me!" It's important to let people know that trauma narratives are not competitions in topping each other – that they must be heard in a respectful manner without judgment.

- It can be hard to hear the same story over and over, but sometimes people feel compelled to tell the story again and again before they can move on.

- As we discussed earlier, self-injury can be the only way a person currently knows how to communicate what happened to them, and peer supporters need to respond in calm, respectful ways.

- We need to recognize that many people have never felt safe telling what happened and that it can be very hard for them to do that for the first time.

SLIDE 69: IS TELLING NECESSARY FOR HEALING?

SLIDE CONTENT

People must be supported if they choose NOT to share their experience

> — **Not everyone can or wants to tell**
>
> — **There may be cultural constraints on self- disclosure**
>
> — **It may be too painful**
>
> — **It may be currently unsafe**

SPEAKING POINTS

- Sharing one's personal narrative is a choice and it is not necessary to tell one's story in order to heal.

SLIDE 70: SUPPORT NARRATIVE SHARING

SLIDE CONTENT

- **Ask if the person wants to share their experiences**

- **Offer opportunities and materials to support different ways of expressing the narrative**

- **Listen for meaning**

SPEAKING POINTS

- Don't make sharing an expectation, but an invitation.

- Make sure people have access to art supplies, drums and other musical instruments, etc., as alternative ways to express their narrative.

- In peer support we can change the way conversations occur, we can use more than words,

- The meaning people make of their experiences is more important than the details of their narratives – once they understand the meaning they've made of the past, they can explore other meanings that may be more self-affirming.

SECTION 7. RECLAIMING POWER THROUGH SOCIAL ACTION (SLIDES 71-75)

SEE CHAPTER 13 OF THE GUIDE

Key Themes: Social Action is Healing,

Section Purpose: To illustrate that taking social action can help survivors heal in community

Time*:* 15 minutes

The closing section of this training ends the training on a positive note by describing how trauma survivors can come together to help others and promote social justice as they heal from trauma. The key points here are that trauma often leaves survivors angry, disconnected and feeling helpless, and that coming together with others to organize for social action can address these issues on an individual level, while building community and working for a cause that is bigger than oneself. People don't need to wait until they're "recovered" to do this – the activity itself is healing. Close by asking participants to consider whether social action could be healing for them and what type of action appeals to them.

SLIDE 71: TITLE SLIDE RECLAIMING POWER THROUGH SOCIAL ACTION

SLIDE CONTENT

Reclaiming Power through Social Action

INSTRUCTOR GUIDANCE

- Transition topic to reclaiming power through social action.

SLIDE 72: THE PERSONAL IS POLITICAL

SLIDE CONTENT

All violence focuses on the unfair distribution of power and the abuse of this power by the powerful against the helpless. The solutions to these problems are not individual solutions; they require political solutions.

- Sandra Bloom

SPEAKING POINTS

- This quote from Sandy Bloom, founder of the Sanctuary Model , is used to illustrate the point that trauma is not something that affects individuals in isolation.

- Its roots are in a society that allows abuses of power on both institutional and personal levels and tolerates wide-spread violence and inequality.

- When we realize that the problem is bigger than ourselves, we can find strength in building community with others who want change.

SLIDE 73: RECLAIMING POWER THROUGH SOCIAL ACTION

SLIDE CONTENT

- **Trauma often leaves survivors feeling both powerless and full of rage**

- **Taking social action can be:**

    – **a positive act of healing**

    – **a productive way to channel anger**

    – **a way for survivors to reclaim a sense of purpose and personal power**

INSTRUCTOR GUIDANCE

SPEAKING POINTS

- Taking social action not only gives us a constructive way to channel our rage, but also helps build community connections as we work for social change.

- Survivors don't need to wait until they're "recovered" to take social action – the activity itself can be part of the healing process.

SLIDE 74: RECLAIMING POWER THROUGH SOCIAL ACTION (CONTINUED)

SLIDE CONTENT

Social action can include:

- **Organizing around a common goal**

- **Giving witness testimony**

- **Working to change harmful policies & practices**

- **Challenging injustice**

- **Creating supportive alternatives**

INSTRUCTOR GUIDANCE

- For each bullet, give locally or personally meaningful examples of different kinds of social action activities: i.e., advocating against discriminatory laws or policies; speaking out in public forums about the impact of trauma and the need for trauma-informed practices; organizing community gardens or childcare collectives, etc.

- This sets the stage for the question on the last slide where we leave people with the question of what commitment they will make to take social action.

SPEAKING POINTS

Share examples as noted above.

SLIDE 75: YOUR COMMITMENT

SLIDE CONTENT

What Will Your Commitment Be?

SPEAKING POINTS

We leave you here to ponder this question, what will you do?

INSTRUCTOR GUIDANCE

End with evaluations and, if there is time, ask participants one thing they are taking away from the training.